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Bib Data Sheet

CONFIRMATION NO. 3623

|   |  |                               |   |   |                                |
|---|--|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/011,217  | <b>FILING DATE</b><br>11/15/2001<br><b>RULE</b>  | <b>CLASS</b><br>708           | <b>GROUP ART UNIT</b><br>2121   | <b>ATTORNEY DOCKET NO.</b><br>US 010527 |                                |
| <b>APPLICANTS</b><br>Michael A. Epstein, Spring Valley, NY;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i><br><i>NONE</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 01/09/2002</b>   |  |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> <i>T.W.</i><br>Examiner's Signature Initials |  | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>18               | <b>INDEPENDENT CLAIMS</b><br>5 |
| <b>ADDRESS</b><br>Corporate Patent Counsel<br>U.S. Philips Corporation<br>580 White Plains Road<br>Tarrytown, NY 10591  |  |                               |   |   |                                |
| <b>TITLE</b><br>Using real random number generator as proof of time   |  |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>908   | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |